



Staff/Mentor Application

Personal Information

Name: _____ *Rate/Rank:* _____ SSN: _____
Last, First MI

Home Address: _____
Street, City, State, Zip

Work Phone: _____ Home Phone _____

Email Address: _____

Emergency Contact: _____
Name Relationship Phone

Command/Employer: _____ Position: _____

Command/Employer Address: _____

Supervisor/XO Name: _____ Phone: _____

☐ Yes ☐ No Are you over 21 years of age?

☐ Yes ☐ No If you are under 21 years of age, are you in the military?

References		
List three people, not related to you, who have known you for a minimum of 2 years on a personal basis.		
Name	Address	Phone Number

Why are you interested in becoming a DEFY staff member or mentor? _____

Availability						
Please indicate your availability (a.m., p.m., all day)						
Sun	Mon	Tues	Wed	Thurs	Fri	Sat

☐ Yes ☐ No Are you available for the entire DEFY program year?

☐ Yes ☐ No Are you available for an intensive, 5 or 8 day Phase I Summer Leadership Camp?

☐ Yes ☐ No Are you available to meet once a month during the school year to mentor DEFY youth?

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Please check which skill areas you are willing to share with the DEFY youth:

Classroom/Tutoring

- | | |
|---|--|
| <input type="checkbox"/> Reading | <input type="checkbox"/> Language: _____ (Specify) |
| <input type="checkbox"/> Writing | <input type="checkbox"/> Math |
| <input type="checkbox"/> Science | <input type="checkbox"/> Spelling |
| <input type="checkbox"/> Physical Education/Fitness | <input type="checkbox"/> Music |
| <input type="checkbox"/> Art | <input type="checkbox"/> Computer Skills |
| <input type="checkbox"/> Other: _____ | |

Hobbies/Interests/Other Skills:

Previous Youth Program Experience			
Dates	Name and location of program	Position	Responsibilities, duties, experience

Criminal History		
Have you ever been convicted of a felony?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been convicted of a crime involving a child or for a sexual offense?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been arrested or charged with substance abuse felony?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have your parental/guardian or custodial rights been terminated due to child abuse (sexual, physical, emotional, psychological)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you now or ever have been subject to any court order involving sexual or physical abuse of a minor, including, but not limited to a domestic order or protection?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been refused participation or had your participation revoked in a foster program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has your driver's license ever been suspended or revoked?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you use illegal drugs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you answered yes to questions 1.a. through 1.f. OR there is any fact or circumstance involving you or your background that would call into question your being entrusted with the care and supervision of children, please explain on the opposite page.

Read the following carefully before you sign.

- A false statement on any part of your application will be grounds for rejection of your application, or for removing you as a DEFY Mentor after you have been selected.
- I consent to the release of information about my background, ability and fitness for service as a DEFY staff member by my employer, schools, law enforcement agencies, and other individuals and public and private organizations, to investigators, personnel staffing specialists, and others authorized by the DEFY program.
- I certify that, to the best of my knowledge and belief, all of the statements are true, correct, complete, and made in good faith.

PRIVACY ACT STATEMENT

This statement is provided in compliance with the provisions of the Privacy Act of 1974 (Public Law 93-579) which requires that Federal agencies must inform individuals who are requested to furnish personal information about themselves as to certain facts regarding the information requested above.

1. Principal Purpose. To screen and select staff members for participation in the DEFY Program.
2. Disclosure is Voluntary. If you do not provide the requested information, required screening may not be conducted and you may not be eligible to serve as a staff member.

I certify that the information contained herein is true and accurate. I hereby give permission for the DEFY program to perform any and all reference and background checks deemed necessary to certify my fitness and appropriateness to serve as a staff member in the DEFY program.

Signature

Date